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The Relationship between Professional Shared Governance and Nurses` Career Motivation at Mansoura University Hospital and Oncology Center

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Abstract: *Shared governance is a multidimensional idea that includes the structure and procedure through which nurses can express and accomplish their practice with a greater level of professional autonomy. Shared governance is a main innovation and evidence-based way to enhance career motivation. It encourages nurses' participation in career planning and career decisions, giving them the capability to adapt to changing conditions and allowing them to achieve organizational goals as well as their goals.*
Aim*: The current study aims to examine the relationship between nurses' perception of professional shared governance and their career motivation at Mansoura University Hospital (MUH) and Oncology center (OC).*
Methods: *The study was conducted at Main Mansoura University Hospital (MMUH) and Oncology center (OC). The total sample was 145 nursing staff. Two tools were employed in this study, Index of Professional Nursing Governance [IPNG] and Career motivation scale,*
Results: *The major findings of this study indicated that Statistical significant relation between levels of shared governance and career motivation. As a total significant correlation were found between shared governance and career motivation. Statistical significant relation between total shared governance with different age group, years of experience and current position in both hospitals. Nursing staff at MMUH had the highest mean score in all domains of shared governance and career motivation than nursing staff at OC. More than half of nursing staff at MMUH, OC not share governance and more than one third at both hospitals shared governance with top manager. While the majority of nursing staff at both hospitals were moderate career motivation.*
Recommendation*: The organization should consider restructuring the present shared governance model in the development of their strategic plan and increasing participation of nursing staff in work design, setting goals and conflict resolution, and committee structures. The organization should work to decrease barriers by modifying schedules to allow time for nurses' staff' involvement and helping them to access to necessary information. Meeting and discussing with nursing staff to help them to set a realistic career goals, and be able to identify their strengths and weaknesses. Encouraging and giving them opportunity for attending continuous education programs and taking courses toward a job-related degree to keep them up-to-date of developments in their line of work and aware of rapid advances in health.*
Key words**:** *Shared Governance, Career Motivation, Career resilience, Career insight and Career identity.*

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I. Introduction

Recently rapid challenges facing patients and the nursing profession, building a structure for shared governance is essential for career motivation. Nursing shared governance is a managerial innovation that legitimizes nurses' control over practice, while spreading their effect into administrative parts before controlled only by managers [**1**]. Health providers, managers and supervisors, inter-professional partners, and organizational leaders necessity be ready for novel roles, relationships, and methods of managing [**2**].

Shared governance is around moving from a traditional ranked model to an interactive partnership model of practice [**2**]. Shared governance is often complex in its application, but it is profoundly simple in its essence. It is a multidimensional idea that includes the construction and method through which nurses can express and accomplish their practice with a greater level of professional autonomy. Professional nursing shared governance is the extension of power, control, and power to the front staff nurses above their clinical practice [**3**]**.**

Shared governance considered as a system of participative management that offers nurses with an opinion in decision making and managerial construction that allow staff members for constructing clinical decision and is the main empowerment mechanism in nursing organization nowadays[**3**]. Through shared governance nurses and hospital managers come together to generate empowered organizations [**4**]. This

philosophy can't be achieved without visionary leaders who support nursing empowerment through shared decision making, reinforcement of self-motivation, constructive leadership, and clinical growth [**5**].

Healthcare policymakers and leaders understand that quality care is better offered by nurses who are dedicated to the organization and empowered to practice their work with no restrictions and complete autonomy through the carrying out of nursing shared governance and generating an attractive work environment [**6**].Working by the structure and processes of shared governance, as a vehicle for change, needs an altered style of leadership [**7**].

Nursing shared governance needs collaborative leadership established on the principles of partnership, justice, responsibility and ownership [**7**]. These four principles serve as the foundations and the keystones of the concept. Partnership, involves all staff in decisions and processes. Equity, no role is more significant than another. Responsibility, taking ownership of decision making process and results. Ownership, greeting that the organization is only as strong as it's individual staff performance [**8**].

Success with shared governance needs a powerful reorientation of the organization. It needs leadership to recognize that an important retooling of leadership capability and skill is needed to successfully implement shared governance and sustain it as a method of life in the professional organization [**9**]. Shared governance knows that the power of health leaders must be shared with the specialists accountable for care practice, not enforced on them, which happens in the traditional model. The decision process in shared governance must be cooperative, and discussions are utilized to accomplish an agreement [**10**].

Shared governance not only requires new skills of the nurses who are involved in it, but also requires administrators to acquire new skills, give up control, and lead in new ways. Healthcare organizations have undergone to help and support nurse managers to develop the style, comfort, and skills that empower shared decision making with nurses [**11**]. Shared nursing governance is a decentralized approach associated with common characteristics as autonomy and freedom in practice, accountability, empowerment, sharing, and cooperation in decisions [**12**].

There are several factors that affect implementation of shared governance and categorized into three major groups: The first group is individual factors that includes provider attitude, behavior and belief, personal skills, and status quo. The second group related to shared issues and comprises physician and nurse relationships, clear goals and vision, faith and esteem, motivation and team function skills. The third is organizational factors that include organizational structure, organizational philosophy, leadership, training, resources, professional boundary and traditional roles, and role ambiguity [**13**]**.**

Besides, there are six dimensions that describe governance inside the institution namely: control over practice; exactly, patient care rules and procedures, quality and care produces, staffing, training, and research in practice. Influence over resources that relates to who effects resources that support qualified practices within the organization. Control over personnel which addresses the organizational construction in place correlated to employment, appraising performance, punitive actions, and recommendation of wages and benefits. Participation in committee structures that replicates the organizational structure in position to support sharing in committees. Access to information involving budget and expenditures, goals and objectives, associations' funds, and thoughts of nurses, patients, and physicians. Finely, the ability to establish goals and negotiate the resolution of conflict at different organizational levels [**14**].

Executing shared governance means reeducating managers, engaging staff, rearranging liability, and constructing a correctly staff-focused model of decision and act [**15).** This achieve several benefits as improvement in team cohesiveness, communication, and decision making, increase nurse perceived autonomy, job satisfaction and peer support that result in career motivation and giving high quality care in addition to reduced turnover among nurses and managers[**16).**As well as it is a most important innovation and evidence-based way to enhance career motivation[**17**]**.**

Career motivation is the wish to exert effort to improve career goals, and it combines components of wants, interests, and personal features that reveal the stimulus, direction, and persistence of career-correlated actions [**18**]. It encourages nurses' contribution in career planning and career decisions, giving them the capability to adapt to altering conditions and allowing them to achieve organizational goals as well as their goals [17].

Career motivation is a multidimensional issue containing of three main parts: career resilience, career insight and career identity that helps as an organizing frame that recognize and improve the influences of situational circumstances on career judgments and actions [**19**]. **Career resilience** is the maintenance or persistence factor and characterizes the capability to adjust to change conditions even when conditions are unfavorable or troublesome. It includes welcoming occupation and organizational modifications, looking forward to work with novel and diverse persons, having self-confidence and being prepared to take hazards [**20**].

Career insight is the stimulating or excitement factor of motivation that inspires participation in career planning and career judgments; the capability to be truthful about one's career and clearness of the individual's career goals. It consists of establishing clear, feasible career goals and having self-knowledge, especially, knowing one's own strengths and weaknesses [**21**]**.**

For career identity is the direction of motivation; is the extent that individuals express themselves by their work and the association they work for. It is related to job, administrative, and professional participation. It also includes the grade to which workers immerse themselves in accomplishments associated with their job and the institution, work rigid, and express pride in their company [**22**]**.**

There are several factors that affecting career motivation as creating a culture of shared governance that allow nurses to be actively included and participate in their clinical decisions, giving a trust in management and feeling of managerial support and job security. Also it gives a chance to match between individual and organizational career goals, clear performance feedback and discussions related to their development [**23**]. These factors make nurses senses emotionally attached to the organization, is pleased to work for it, feels a strong sense of belonging, and strives to achieve own personal goals as well as the organizational goals. Therefore, increase levels of career motivation that is the driving force behind nurse's participation, involvement, achievement and persistence in a career [**24**].

Significance of the study

The introduction of shared governance in health care is very important to accomplish quality and excellence in patient care, assists in improving nurses' working circumstances and assisted healthcare organizations to deliver the finest health care accessible, therefore profiting the nurses, the investors, the patients in addition to the health care organizations itself. So, as there is a need for advancing nursing shared governance.

Career motivation system was found as the most significant issue in the success or failure at work and if neglected, wastage of initiative resources may result. So, It is very important for any organization to promote career motivation for their employees to improve work success and overcoming wastage of resources. Career motivation considered a key outcome of shared governance, through shared governance head nurses turn into managers of their care, it gives them greater autonomy in practice, sense of worth and attractive them to seeking professional and personal career improvement, allowing them to enhance the setting in which they work, not only for themselves, but also for their patients[25].So, this study aims to assess the relationship between professional shared governance and nurses' career motivation.

Research questions

Q1: What are the nurses` perception regarding professional shared governance?
Q2: What are the nurses` perception regarding their career motivation?
Q3: What is relationship between nurses' perception of professional shared governance and their career motivation?

Aim of the study

- To assess nurses' perception level of professional shared governance**.**
- To assess nurses' perception level of career motivation.
- To examine the relationship between nurses' perception of professional shared governance and their career motivation.

II. Subject and Methods

2.1Design: the study was used descriptive correlational design.

2.2Setting: The study was conducted at all departments in Mansoura University Hospital (MUH) and Oncology center (OC).

2.3 Subjects: the total number of nursing staff included in this study was 145 nursing staff.

2.4Tools of data collection: The data will be collected by using two tools

2.4.1Tool I. Index of Professional Nursing Governance [IPNG].It was developed by **Hess [14]**and modified by the researchers. IPNG includes two parts:

a) Demographic characteristics of nursing staff as, age, educational qualifications, years of experience and current position.
b) It includes 75 questions measures total shared governance and divided into 6 subscales namely personnel, information, resources, participation, practice, and goals. a) Nursing Personnel comprise 13 items describe who controls nursing personnel and connected constructions. b) Information comprises 15 items correlated to who has entrance to information related to governance actions. c) Resources comprise 18 items

connected to who effects resources. d) Participation comprises 5 items linked to who contributes in constructions associated with governance actions at diverse organizational levels. e) Practice comprises 12 items evaluating who controls professional practice. And f) Goals comprise 12 items connected to who establishes and discusses the resolution of conflict at diverse organizational levels.

The scores are constructed on a 5-point Likert-like scale. The scale ranges from (1- 5) 1 = nursing administration/ management only, 2 = mainly nursing management /administration with some staff nurse participation, 3 = similarly shared by staff nurses and nursing management/ administration, 4 = mainly staff nurses with some nursing management/administration, and 5 = staff nurses only. Likert scores of 1 and 2 indicate decision making controlled by administration/ management. Scores higher than 3 indicate more staff nurse involvement in decision making. The IPNG range of total scores reflecting traditional (management) decision making atmosphere is from 75 - 150. An atmosphere that uses shared decision making between nurses and management would have an IPNG range of 151 - 300. If nurses are the decision making group IPNG range would be from 301- 375.

2.4.2 Tool 2. It adapted from **London [26]** and **Noe et al.,[27].** It includes 21-item covered three facets (career resilience, career insight, and career identity) emphasizes sensations and attitudes connected to performance and career motivation. Responses were indicated on a 5-point Likert scale ranging from (1) a very slight extent, (2) a small extent, (3) a moderate extent, (4) a large extent to (5) a very large extent. Scoring system was (<50%) low level of career motivation, (50-75%) moderate career motivation and (> 75%) high level of career motivation.

2.5 Methods

- A permission to conduct the study was attained from the directors of MUH and OC.
- The study questionnaires were translated into Arabic and tested for translation, content validity and relevance to be suitable for culture of Egypt by 5 experts in the arena of study at the Faculty of nursing, Mansoura University. And according to their opinions the items of IPNG were modified from 86 items to 75 items.
- A pilot study was done on 10% of nursing staff working at both study hospitals that were accepted from the study contributors to; check and confirm clearness and applicability of the tools.
- The questionnaires were tested for reliability using Cronbach's alpha coefficient test, to evaluate the internal constancy of the items comprising every element of the two tools, both questionnaires were showed strongly reliable where 0.970for IPNG, and 0.989 for Career motivation scale.
- Ethical considerations; the researchers interviewed with the contributors to clarify the purposes and the procedures of the study, and to explain that they can withdrawal from the study any time during the study. Oral contract to contribute was assumed by attending of filling questionnaire sheet.
- The questionnaire was given to the nurses to answer the questions. Each sheet wants 15-20 minutes to be answered. Also, data were collected in two months that started in October2017.

2.6 Statistical analysis:

The researcher utilized SPSS software statistical computer package version 20 to collect data that were arranged, tabulated and statistically analyzed. Data summarized using mean and standard deviation for numerical variables. The maximum score are based on the number of items of each subject. Numerous regression analyses were utilized to examine variables of study. In order to examine the assumptions, standard linear regression analyses were conducted. The r-test was used for correlation analysis between quantitative variables. The threshold of significance was stable at the $p<0.05$ level.

III. Result

Table (1) represents personal characteristics of nursing staff in the studied hospitals. The table shows most of nursing staff in both hospitals were in the age group (31-40), all of them had bachelor degree and had more 10 years' experience. The majority of nursing staff in both hospitals were head nurses (86.8% & 90.3%) at MUH & OC respectively and one director in each hospital.

Table (2): illustrate mean scores of shared governance and career motivation subscales as perceived by the nursing staff. No statistical significant differences were found between two hospitals regarding domains of shared governance and career motivation. Nursing staff at MUH had the highest mean score in all domains of shared governance and career motivation than nursing staff at OC.

Table (3) show levels of shared governance and career motivation as perceived by nursing staff in the studied hospitals. No statistical significant differences were found between two hospitals regarding levels of shared governance and career motivation expect control over personnel as a domain of shared governance. Nursing staff at MUH 61.4 % not share governance to control over personnel and 35.1% of them share decision

with top manager. While nursing staff at OC 67.7% shares decision with top manager to control over personnel. Shared governance as a total 63.2%, 54.8% of nursing staff at MUH, OC respectively not share governance and 32.5%, 45.2% at MUH, OC respectively shared governance with top manager. Regarding career motivation the highest percent 78.9%, 90.3% at MUH, OC respectively were moderate career motivation.

Table (4) illustrates Levels of shared governance and career motivation as perceived by total studied subjects. More than 60% of nursing staff not sharing governance (traditional management) which top level manager make control over all domains of shared governance. High percent of nursing staff 42.1% share decision with top manager to control over personnel and resources. Also, 37.9% of nurses share decision with top manager regarding professional practice and as a total of shared governance 35.2% of nursing staff shared decision with top management. Regarding levels of career motivation, high percent of nursing staff 81.4% were moderate motivation.

Table (5): represent relation between total shared governance, total career motivation and personal characteristics of the studied sample in both hospitals. The table show statistical significant relation between total shared governance with different age group, years of experience and current position in both hospitals. Older nursing staff, more experienced and the higher nursing staff position were more shared governance (Decision made by nurses and top manager). Regarding career motivation there was no statistical significant relation with personal characteristics in both hospitals except career motivation with nursing staff position in Oncology center which nursing staff with higher position were more career motivation**.**

Table (6): Relation between levels of shared governance and career motivation among the studied subjects. The table illustrates statistical significant relation between levels of shared governance and career motivation. Nursing staff share decision with top manager and made decision by themselves were moderate and higher career motivation, while nursing staff under traditional management (nursing staff not sharing in decision making) were lower in career motivation level.

Table (7): Correlation between shared governance and career motivation among the studied subjects at both hospitals. The table show no statistical significant correlation between shared governance and career motivation in each hospital but as a total there was significant correlation between them**.**

Table (1): Personal characteristics of study subjects in both hospitals.

Item	Total (145)		MUH (n=114)		OC (n=31)	
	No	%	No	%	No	%
Age (years)						
▪ 20-30	33	22.8	24	21.1	9	29.0
▪ 31-40	71	49.0	54	47.4	17	54.8
▪ >40	41	28.3	36	31.6	5	16.1
Level of education						
▪ Bachelor	145	100.0	114	100.0	31	100.0
Years of experience						
▪ 1-5	9	6.2	7	6.1	2	6.5
▪ 6-10	42	29.0	32	28.1	10	32.3
▪ >10	94	64.8	75	65.8	19	61.3
Current position						
▪ Head nurse	127	87.6	99	86.8	28	90.3
▪ Nursing supervisor	14	9.7	12	10.5	2	6.5
▪ Assistant nursing director	2	1.4	2	1.8	0	0.0
▪ Nursing director	2	1.4	1	0.9	1	3.2

Table (2): Mean scores of shared governance and career motivation subscales as perceived by the studied subjects.

Shared governance subscales	Total studied sample (145)	MUH (n=114)	OC (n=31)	T-value	P*
	Mean±SD	Mean±SD	Mean±SD		
Control over professional practice	27.85±10.98	27.64±11.13	28.64±10.58	0.45	0.65
Control over personnel	26.96±8.61	26.41±9.06	29.00±6.40	1.48	0.13
Influence over resources	35.31±11.59	35.52±12.25	34.54±8.86	0.41	0.67
Participation in committee structures	9.03±3.92	9.26±4.16	8.19±2.79	1.34	0.18
Access to information	29.50±10.54	30.30±11.13	26.54±7.41	1.77	0.07
Setting goals and conflict resolution	21.55±7.54	21.52±7.76	21.67±6.80	0.99	0.92
Total	150.23±44.64	150.67±48.05	148.61±29.41	0.22	0.82
Career motivation subscales					
1. Career insight	22.37±4.95	22.65±5.15	21.35±4.07	1.30	0.19

2. Career resilience	21.16±4.50	21.25±4.71	20.83±3.69	0.45	0.65
3. Career identity	20.88±4.27	21.05±4.44	20.29±3.61	0.87	0.38
Total	64.43±11.10	64.96±11.62	62.48±8.86	1.10	0.27

*** Statistically Significant (P ≤ 0.05)**

Table (3): Levels of shared governance and career motivation as perceived by the subjects in the studied hospitals.

Shared governance subscales	**MUH (n=114)**						**OC (n=31)**						**χ2**	**P**
	levels of shared governance						**levels of shared governance**							
	Traditional management		**Decision made by nurses and top manager**		**Decision made by nurses**		**Traditional management**		**Decision made by nurses and top manager**		**Decision made by nurses**			
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**		
Control over professional practice	62	54.4	42	36.8	10	8.8	15	48.4	13	41.9	3	9.7	0.35	0.86
Control over personnel	70	61.4	40	35.1	4	3.5	10	32.3	21	67.7	0	0.0	11.01	**0.005 ****
Influence over resources	65	57.0	45	39.5	4	3.5	15	48.4	16	51.6	0	0.0	2.27	0.32
Participation in committee structures	86	75.4	23	20.2	5	4.4	25	80.6	6	19.4	0	0.0	1.45	0.54
Access to information	79	69.3	29	25.4	6	5..3	23	74.2	8	25.8	0	0.0	1.71	0.50
Setting goals and conflict resolution	80	70.2	29	25.4	5	4.4	21	67.7	10	32.3	0	0.0	1.80	0.43
Total	72	63.2	37	32.5	5	4.4	17	54.8	14	45.2	0	0.0	2.75	0.25
Career motivation subscales	**Level of career motivation**						**Level of career motivation**							
	Low (<50%)		**Moderate (50-75%)**		**High (>75%)**		**Low (<50%)**		**Moderate (50-75%)**		**High (>75%)**			
Career insight	16	14.0	71	62.3	27	23.7	4	12.9	24	77.4	3	9.7	3.18	0.21
Career resilience	22	19.3	76	66.7	16	14.0	5	16.1	23	74.2	3	9.7	0.68	0.74
Career identity	17	14.9	86	75.4	11	9.6	6	19.4	24	77.4	1	3.2	1.53	0.47
Total	12	10.5	90	78.9	12	10.5	1	3.2	28	90.3	2	6.5	2.25	0.35

*** Statistically Significant (P ≤ 0.05)**

**** Highly Statistically Significant (P ≤0.01)**

Table (4): Levels of shared governance and career motivation as perceived by total studied subjects (n=145).

Shared governance subscales	levels of shared governance					
	Traditional management		Decision made by nurses and top manager		Decision made by nurses	
	No	%	No	%	No	%
Control over professional practice	77	53.1	55	37.9	13	9.0
Control over personnel	80	55.2	61	42.1	4	2.8
Influence over resources	80	55.2	61	42.1	4	2.8
Participation in committee structures	111	76.6	29	20.0	5	3.4
Access to information	102	70.3	37	25.5	6	4.1
Setting goals and conflict resolution	101	69.7	39	26.9	5	3.4
Total	89	61.4	51	35.2	5	3.4
Career motivation subscales	**levels of career motivation**					
	Low (<50%)		Moderate (50-75%)		High (>75%)	
Career insight	20	13.8	95	65.5	30	20.7
Career resilience	27	18.6	99	68.3	19	13.1
Career identity	23	15.9	110	75.9	12	8.3
Total	13	9.0	118	81.4	14	9.7

Table (5): Relation between total shared governance, total career motivation and personal characteristics of the studied subjects in both hospitals.

Personal Characteristics	Total shared governance		Total career motivation	
	MUH (n=114)	OC (n=31)	MUH (n=114)	OC (n=31)
Age				
▪ 20-30 y	122.16±21.04	132.44±19.74	66.58±11.41	58.22±5.65
▪ 31-40y	133.51±26.67	145.88±26.21	65.14±10.53	64.70±10.54
▪ >40	195.41±54.93	187.00±22.34	63.61±13.36	62.60±4.39
F value	38.85	8.55	0.47	1.64
P*	**0.000****	**0.001****	0.62	0.21
Years of experience				
▪ 1-5	112.71±7.43	114.00±2.82	67.14±9.87	54.50±7.77
▪ 6-10	126.40±26.59	132.30±18.01	68.25±9.88	59.10±4.45
▪ >10	164.57±51.37	160.84±28.99	63.36±12.23	65.10±9.85
F value	11.07	6.12	2.16	2.62
P*	**0.000****	**0.006****	0.12	0.09
Current position				
▪ Head nurse	144.90±46.17	147.14±29.05	65.18±11.60	62.03±9.11
▪ Nursing supervisor	187.75±49.47	142.00±8.48	65.91±9.83	86.00±7.07
▪ Assistant nursing director	190.00±1.41	------	53.50±24.74	----
F value / T value	3.90	0.24	0.93	0.15
P*	**0.01****	0.80	0.42	**0.03***

F: ANOVA test / T: Independent Samples Test

*** Statistically Significant (P ≤ 0.05) ** Highly Statistically Significant (P ≤0.01)**

Table (6): Relation between levels of shared governance and career motivation among the studied subjects (n=145).

Career motivation levels	levels of shared governance					
	Traditional management		Decision made by nurses and top manager		Decision made by nurses	
	No	%	No	%	No	%
▪ Low (<50%)	10	9.2	3	10.0	0	0.0
▪ Moderate (50-75%)	92	84.4	23	76.7	3	50.0
▪ High (>75%)	7	6.4	4	13.3	3	50.0
χ^2	13.22					
P	0.02*					

*

Statistically significant at p ≤ 0.05
**** Highly statistically significant at p ≤ 0.01**

Table (7): Correlation between shared governance and career motivation among the studied subjects at both hospital (n=145)

	MUH (n=114)		OC (n=31)		Total (n=145)	
	Career motivation		Career motivation			
	r	P	r	P	r	P
Shared governance	0.004	0.96	0.32	0.07	0.68	0. 03*

*** Statistically significant at p ≤ 0.05**

IV. Discussion

To improve career motivation, nurses must take a chance to be actively involved and participate in their clinical decisions that affect their practices **[28].** So, organizations are required to sharing them in decisions as a challenging variable for motivating them. Finding of the present study indicated that more than two thirds of nursing staff in MUH and more than half of them in OC showed traditional management level of shared governance, which top level manager make control over all domains of shared governance. This may due to nursing staff don't have the chance to participate in most decisions relating to shared governance domains as involvement in committee structures, entrance to information and establishing goals and conflict resolution. In agreement of the present study, Abdelkader, et al.[7]stated that nursing staffs' perceptions toward SG are still not mature enough to implement SG models, and mentioned that designing, implementing, and evaluating a shared governance program is a difficult task and found different barriers for SG implementation. This is in the same line with Wilson [1]who conducts a study on academic nursing staff and found that they are still not ready and need preparation before implementing the shared governance.

As regard to control over their professional practice, the finding of the current study indicated that the highest percent of decision made by staff nurses level of shared governance domains in two hospitals, This may due to that nursing staff determine what staff nurses can do at the bedside, evaluating and offering educational development of the nursing staff, determining models of nursing care and they contribute in decisions that correlated primarily to the clinical practice. This was confirmed by Al-Faouri, et al.[17]who reported that staff nurses perceived control above their professional practice in their association as the highest subscale.

This was in the same line with Hashish &Fargally [3] who reported that nursing staff graded the highest measurement of professional nursing governance components to "control over their professional practice" and stated that they contribute in decisions that correlated primarily to the clinical practice and at the point of care level rather than managerial and administrative decisions. On the contrast, Tourangeau et al. [29] stated that nurses have the slightest extent of control over professional practice in addition to the seeming slight contribution or control in numerous parts that straightly influence the patient care.

On the other hand, the present study exposed that participation in committee structures, had the highest percent of traditional management level of shared governance domains in two hospitals. This may due to that nursing staff not participate and less involved in unit committees for clinical practice, unit committees for managerial matters, such as employment, scheduling and accounting, hospital administration committees for subjects as worker benefits and strategic planning and not establishing novel nursing departmental committees. This was consistent with Mahmoud [28]who stated that nurses had restricted capability to contribute in committees that connected to strategic planning, multidisciplinary competence, and organizational budget. In the

same line Kieft et al.[30]stated that staff nurses are not continuously in charge and cannot each time make their own decisions about nursing subjects related to committees for such as employment, scheduling and accounting.

Regarding the relationship between total shared governance and nursing age group, years of experience and current position in both hospitals, the results show statistical significant relation between them. Older nursing staff, more experienced and the higher nursing staff position were more shared governance. This may due to that increase age, years of experience and higher position give nursing staff opportunity to participate and give their opinions in most decisions related to control above their professional practice, personnel and resources, allowing them to reach to information and setting goals and conflict resolution. In agreement of the present study, Williamson [31]The older the nurse and longer they have been in the association, the higher the awareness they obtained of shared governance.

Furthermore, Joseph &Bogue [32]reported that nursing staff who have been working extra than 26 years stated better total awareness of shared governance than nurses who have been working between 21-26 years. On the contrast, Ballard [33]stated that staff nurses in the 21-30 age range stated significantly greater awareness of whole shared governance than nurses in the 41-50 age range.

The finding of the current study showed that the highest percent of perception of career motivation as a total in two hospitals was presented in moderate level. This may due to that nursing staff have clear, realistic career goals, know their strengths and weaknesses, taken courses related to their jobs and stay up-to-date of developments in their line of work. This was in the same line with Alniacik et al. [16] who reported that the respondents have moderate level of career motivation and mentioned that nurses were more expected to have high levels of career motivation when their supervisor was helpful, motivated subordinates to establish career goals, started conversations connected to improvement and career-connected matters.

As regard to career identity, the finding of the present study indicated that it was the highest percent of moderate level of career motivation domains in two hospitals. It is probably due to that nursing staff involved in their job, obtain courses toward a job-related degree and have requested to be considered for promotions. This was consistent with Reyes &Conde [18] who reported that career identity was the highest percent of moderate level of career motivation domains.

On the other hand, the present study shown that career insight, had the highest percent of high level of career motivation domains in two hospitals. This may due to that nursing staff have clear, realistic career goals, know their strengths and weaknesses. This was supported by Day &Allen [20] who mentioned that career insight had the highest percent of high level of career motivation domains conforming that managers set career goals and have a specific plan for accomplishing these career goals. Additionally, McLaughlin et al. [23] concluded that managers with higher levels of career insight may be more successful in cross-cultural tasks, as they have better vision into their career goals, strengths and weaknesses, and plans. On the contrast, King [24] reported that career insight had a lower level of career motivation domains among nurses.

Regarding the relationship between career motivation and personal characteristics of nursing staff, there was no statistical significant relation between them except career motivation with nursing staff position in Oncology center which nursing staff with higher position were more career motivation. This was in the same line with Alniacik et al. [16] who revealed that characteristics influence the career motivation is reinforced only for the position, other individual characteristics as age, income and years of experience did not exert any important relations with career motivation.

This result agrees with that found by Jang [34] who found that career motivation associated with nursing position confirming that nurses with higher position have the ability to set clear career goals and plans, adjust to altering circumstances and can sufficiently handle work problems. Additionally, O'Regan [21]reported that career motivation was not affected by age, confirming that career motivation elements were correlated to workers' goal achievements, the significance they located on work, and organizational support for career development.

Regarding relationship between shared governance and career motivation, the findings indicated that there was a statistical significant relationship between levels of shared governance and career motivation. Nursing staff that share decision with top manager and made decision by themselves were moderate and higher career motivation; while nursing staff under traditional management (nursing staff not sharing in decision making) were lower in career motivation level. Manager who share decisions with his subordinates, allowing them to control over their practices, helping them to establish clear realistic career goals, having a specific plan for achieving these goals and knowing one's strengths and weaknesses. This finding supported by Gyorffy et al[22]who found that hospitals that deliver nurses with the highest chances to be involved in shared governance helping them to adjust to altering conditions, ready to take hazards, can sufficiently handle work problems that come their ways and designed better ways of doing their work. In addition, they more probably to offer best patient experiences and greater quality of care and have additional nurse job consequences.

Accordingly, Meyers &Costanzo [6]stated that implementation of shared governance enhanced adoption of new practices that improve nursing outcomes.

In the same line, Reyes & Conde [18] found that career motivation was more closely related to contribution of employees in decisions that correlated to their clinical actions and practice, confirming that to enhance employees' career motivation, managers should provide them with positive reinforcement, allowing them to participate in decisions and access to necessary information.

On the contrast, Lamoureux et al.[12]stated that nurses under traditional management (nursing staff not sharing in decision making) doesn't necessarily result in preventing them from being involved in their jobs, since it is often possible for them to adopt to traditional management and becoming involved in their jobs, taken courses toward a job-related degree and request promotions. Additionally, Ballard [33] mentioned that performing with the structure of shared governance, needs a diverse style of management. It needs collaborative leadership constructed on the principles of partnership, equity, accountability and ownership. This needs spending time together to develop goals, plan and make decisions.

V. Conclusion and Recommendation

Nursing staff at MMUH had the highest perception in all domains of shared governance and career motivation than nursing staff at OC. More than half of nursing staff at MMUH, OC not share governance and more than one third at both hospitals shared governance with top manager. While the majority of nursing staff at both hospitals were moderate career motivation. Older nursing staff, more experienced and the higher nursing staff position were more shared governance (Decision made by nurses and top manager). Statistical significant relation between levels of shared governance and career motivation. Nursing staff share decision with top manager and made decision by themselves were moderate and higher career motivation, while nursing staff under traditional management (nursing staff not sharing in decision making) were lower in career motivation level. Statistical significant correlation between shared governance and career motivation**.**

Based on the results of the present study, the following recommendations are suggested:

1. The organization should consider restructuring the present shared governance model in the establishing of their strategic plan and increasing participation of nursing staff in work design, setting goals and conflict resolution, and committee structures.
2. The organization should exert efforts to decrease obstacles by modifying schedules to allow time for nurses' staff' contribution and helping them to access to necessary information.
3. Meeting and discussing with nursing staff to help them to set a realistic career goals, and be able to identify their strengths and weaknesses.
4. Encouraging and giving them opportunity for attending continuous education programs and taking courses toward a job-related degree to keep them up-to-date of advances in their line of work and aware of rapid advances in health.
5. Allowing them to spend free time on activities that will assist their jobs, and making them more involved in it to improve their career identity.
6. Helping nursing staff to adjust to changing conditions, ready to takings hazards and design better manners of doing their work to improve their career resilience and providing nursing staff with needed supplies and equipment for nursing care and support functions.

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